#### E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or 2014 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: John Child C/S or REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the b. Make more than \$200 in unearmed income from any reportable end of the reporting period? or asset during the reporting period? 7 2014 Annual (Due: May 15, 2015) U.S. House of Representatives Member of or Candidate for District: State: Texas × 89 / 2 Yes Yes / ž S Yes V No Daytime Telephone: 202-225-257) Amendment Š 중 Z. S 0 For Use by Members, Officers, and Employees 1 G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? source during the reporting period? Form A Employee Officer or **Employing Office** Date of Termination: Termination U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2015 MAY 15 AM 11:39 Office Use Only HAND HAND "" Yes Yes Yes Yes Yes ¥es 88 몽 š Z Ö 충 중 ĕ

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HEDULE A - ASSETS	HEDULE A - ASSETS & "UNEARNED INCOME"	Name: John cutistet/Sのつ	Page 2 of 9	вгоске
BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCKE
Asset and/or income Source	Value of Asset	Type of Income	Amount of Income	Transaction
<li>fy (a) each asset held for investment or iction of income and with a fair market value</li>	fy (a) each asset held for investment or Indicate value of asset at close of the reporting period. If you use a Check all columns that apply. For accounts that For assets for which you checked "Tax-Deferred" in Block C, you Indicate if the cities of income and with a fair market value valuation method other than fair market value, please specify the method generate tax-deferred income (such as 401(k), IRA, or may check the "None" column. For all other assets indicate the asset had	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the	Indicate if the asset had
(b) any other reportable asset or source of it on	oceat was sold divisor the resorting method and is included only	oblume. Dividends, interest, and capital gains,	ociums. Dividends, interest, and capital gains, Dividends, interest, and capital gains, even if reinvested, sales (S), or	sales (S), or
that appeared more than \$200 in " more and"	If an asset was soid outing the reporting before and is increased only	aven if reinvested must be disclosed as income	must be disclosed as income for assets held in taxable	exchanges (F)

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MILITARY COLLECTIBLES	MINERAL COLLECTION	APPLE STOCK	STATE OF TEXAS RETIREMENT	ı	SAVINUS ACCOUNT	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock EFF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	enceduring \$1,000 at the end of the reputating period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income dufing the year.	Identify (a) each asset held for investment or production of income and with a fair market value	Asset and/or income Source	BLOCK A
7	7						5		None						>						٦
								П	\$1-\$1,000						σ.		*Column M is for assets held by your spouse or dependent child in which you have no interest.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method read.		
		1					Indefinite		\$1,001-\$15	,000					c		o inter	was genera	ethod		
					7		6		\$15,001-\$5	0,000							assets est.	sold o	asse		1
		_			_			×	\$50,001-\$1	00,000					п	1	<u> 5</u>	during come,	than fi	٧	ł
			5	<					\$100,001-\$	250,000					т 		у уоц	the ra	ose o air ma	Value of Asset	ВГС
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									\$500,001-\$	1,000,000			_				S8 OF	oud ber	report	set	
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<u> </u>	-					<b>-</b>	•		CAPITAL G	AINS					·	1	<u>8</u>	taxab	that	pe o	면
						┢┈		H	EXCEPTED	D/BLIND TRUS	Т					1	if the asset generated no income period.	column. Dividends, interest, as even if reinvested, must be disc for assets held in taxable accounts.	Check all columns that apply. generate tax-deferred income (such	ğ	BLOCK C
					-				TAX-DEFE	RRED				•		1		disclo	Such a	Type of Income	Ĭ
			Almorey			Partnership Income	Royallies		Other Type (Specify: e.	of income g., Partnership	Income or F	arm Income)							For accounts that such as 401(k), IRA, or the "Tay-Deferred"		
	5				ļ				None						-	m which you have no mereso	generated. *Column X	Dividends, interest, must be disclosed accounts. Check	For as may c		1
		5			2	L			\$1-\$200							: Si ye	ated.		heck t		
	_			-	<del> </del>			-	\$201-\$1,00							i nave	g Q	Che che	in or with		
					-	_		×	\$1,001-\$2, \$2,501-\$5,								asset	× 20 20 2	one" o	Ą	'
	_				ļ	<u> </u>			\$5,001-\$5,								penerated.  Column XII is for assets held by your spouse or dependent child	Dividends, interest, and capital gaints, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or	For assets for which you checked "fax-Deferred" in Block C. you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.	Amount of Income	<u>6</u>
		<u> </u>	<		-	-	-		\$15,001-\$15	·		<del>.</del>				`	by yo	apital	kina Ked	9	BLOCK D
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					-	H			Over \$5,00	0,000				· ·		1	enden	en if reinvested, held in taxable was earned or	indica box b		
									Spouse/D0	Asset with Inc	ome over \$1	*000,000									
SALC	きから							S(part)	, co						blank if no trans that exc	an as please follows	in the r period. If only	exchanges (E) exceeding \$1,000	Indicate it asset had purchases	Tra	
ž,	6								P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold please indicate as follows: (S (part)).	in the reporting period. If only a portion of	nges (	Indicate if the asset had purchases (P)	Transaction	BLOCK E
		1	1	I	E		1	1 1	<i>\$</i>						क्रद्र क	Z # @	등 를	`mi `	তু ই	ä	: m

### **SCHEDULE B - TRANSACTIONS**

Name: John curserson Page 3 of 9

Purchase  Sale  Partial Sale  Exchange  Check Box if Capital Gain Exceeded \$200			$\left\{ \right.$	-	1			,							
Purchase   Purchase	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your	Type of Transaction	<u> </u>	Date				≥	nount		nsaction	'n			
Purchase  Purchase  Sale  Check Box (Chaptel Gain Exchange  X Check Box (Chaptel Gain Exceeded \$200  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.		<del></del>		>	æ	Г	<del>-</del>	m	'n	၈	<u> </u>	- 	د -	<u>~</u>
Purchase    Purchase	Exclude transactions between you, your spouse, or dependent children, or tree purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.					-		-						00	
Purt	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	al Sale	ck Box if C		01- 000	001-								\$50,000,0	
Asset  Emple MegaCop Stat  MINERAL COLLECTION  MILITARY COLLECTIONS  MILITARY COLLECTION	* Column K is for assets solely held by your spouse or dependent child.	Sale	Che		\$1,0 \$15	\$15,								Ove	
MILITARY COLLECTIONS  V 1/23/14  V/23/14  V/23/14	SP,DC,JT Asset														
T COLLECTION  A	Example	×	×	3/5/14		×									
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## SCHEDULE C - EARNED INCOME

Name: John culbers on	
Page 4 of 9	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

<b>EXCLUDE</b> : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	Social Security Act.  Instantial or above the "senior staff" rate to totally prohibited.	e was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State  Keene State  State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Ontario County Board of Education	Spouse Salary	N/A
STATE OF TEXAS RETIREMENT ANNUITY	LEGISLATINE PENSION	#29,258.16
BELLIAA (SPONSE) MEMORIAL BAPTIST CHURCH (PART TIME)	Spouse saway	#7,200.00

#### SCHEDULE D - LIABILITIES

Name: John CALBESON Page 5 <u>`</u>9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child

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September - Kristing Conso	SWAIK OF MAGICA	BAIK	BROOKS BROTHERS MASTER	SEARS MASTER CARD	DISCOLER CAND	AMERICAN EXORESS	First Bank of Wilmington, DE	Creditor		
भाभ	2007	2012	2014	2014	(992	1888	5/98	Date Liability Incurred MO/YR		
person when credit	MIRHITA HOME MORTHUE	HOUSTON HOME MORTHAGE	REVOLVIAL (REDIT	REVOLVINO CREDIT	REVOCULAGE CREDIT	REVOLUNG CLEDIT	Mortgage on Rental Property, Dover, DE	Type of Liability		
Ø			×	×		×		\$10,001- \$15,000	>	
					×			\$15,001- \$50,000	<b>6</b>	
								\$50,001- \$100,000	n	
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								\$250,001- \$500,000	m	moun
	8							\$500,001- \$1,000,000	п	t of Li
								\$1,000,001- \$5,000,000	စ	Amount of Liability
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								Over \$50,000,000	<i>-</i>	
						ŀ		Over \$1,000,000* (Spouse/DC Liability)	*	

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
			Name of Organization

#### SCHEDULE F - AGREEMENTS

Name: John cutions of	
Page 6 of 9	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

#### **SCHEDULE G – GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	U,
Name: John culbe/son	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure – Destination –- City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beiging, China - DC	Υ	۲	Z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	<b>Y</b>	~	~
		,				
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA Examples: Association of American Associations, Washington, DC XYZ Magazine Source Name: John cuties erson Activity Speech Article Feb, 2, 2014 Aug. 13, 2014 Date Page 6 of 9 Amount \$2,000 \$500

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